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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. P04988US1

First Inventor VITO A. COPPOLA

Title METHOD OF SUPPRESSING THE OXIDATION CHA

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Express Mail Label No. EL 745290987 US

Only for new nonprovisional applications under or OTX 1.00(0)) E	<u> </u>					
APPLICATION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application					
See MPEP chapter 600 concerning utility patent application contents.	Washington, DC 20231					
1.	7. CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>) 8. Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies					
- Brief Summary of the Invention						
- Brief Description of the Drawings (if filed)	ACCOMPANYING APPLICATION PARTS					
- Detailed Description - Claim(s) - Abstract of the Disclosure	9. Assignment Papers (cover sheet & document(s)) 37 CFR 3.73(b) Statement Power of Attorney					
4. Drawing(s) (35 U.S.C. 113) [Total Sheets 1]	11. English Translation Document (if applicable) Information Disclosure Copies of IDS					
5. Oath or Declaration [Total Pages 1]	Statement (IDS)/PTO-1449 Citations					
a. Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d))	13. Preliminary Amendment Return Receipt Postcard (MPEP 503)					
b. (for continuation/divisional with Box 18 completed)	(Should be specifically itemized)					
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s)	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)					
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.					
6. Application Data Sheet. See 37 CFR 1.76	17. Other: POWER OF ATTORNEY					
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,						
or in an Application Data Sheet under 37 CFR 1.76:	TBA filed 3/21/01					
Continuation Divisional Continuation-in-part (CIP)	of prior application No.:					
Prior application information: Examiner	Group Art Unit:					
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the properties of the properties of the accompanying continuation of the accompanying continuation.						
The incorporation can only be relied upon when a portion has been inadverten						
19. CORRESPONDENC	CE ADDRESS					
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Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

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Compl te if Known							
Application Number							
Filing Date		-					
First Named Inventor	Vito A. Coppola						
Examiner Name							
Group Art Unit		<u> </u>					
Attorney Docket No.	P04988US1						

METHOD OF PAYMENT				FEE CALCULATION (continued)				
1. The Commissioner is hereby authorized to charge indicated fore and credit any everywhere to:			3. A	DDIT	ION	AL FE	EES	
Deposit	cated fees and credit any overpayments to:	1		Larg		Sma		
Account Number	26-0084		Fee	Entit Fee	y Fee	Entit Fee	ry Fee Description	Fee Paid
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Account Name	Zarley, McKee, Thomte, Voorhees & Sease]	105	130	205	65	Surcharge - late filing fee or oath	
	re Any Additional Fee Required 137 CFR 1.16 and 1.17		127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
	cant claims small entity status.		139	130	139	130	Non-English specification	
	37 CFR 1.27		147	2,520	147	2,520	For filing a request for ex parte reexamination	
2. V Pay	rment Enclosed: ck Credit card Money Otto	er	112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
			113	1,840*	113	1,840	Requesting publication of SIR after Examiner action	
4 D4010	FEE CALCULATION		115	110	215	55	Extension for reply within first month	
	FILING FEE ity Small Entity		116	390	216	195	Extension for reply within second month	
Fee Fee	Fee Fee Fee Description		117	890	217	445	Extension for reply within third month	
Code (\$) 101 710	004 055 1000 50 6		118	1,390	218	695	Extension for reply within fourth month	
106 320	201 355 Utility filing fee \$710.	10	128	1,890	228	945	Extension for reply within fifth month	
107 490	207 245 Plant filing fee	\dashv	119	310	219	155	Notice of Appeal	
108 710	208 355 Reissue filing fee	\dashv	120	310	220	155	Filing a brief in support of an appeal	
114 150	214 75 Provisional filing fee		121	270	221	135	Request for oral hearing	
			138	1,510	138	1,510	Petition to institute a public use proceeding	
	SUBTOTAL (1) (\$) 710.	00	140	110	240	55	Petition to revive - unavoidable	
2. EXTRA	CLAIM FEES Fee from		141	1,240	241	620	Petition to revive - unintentional	
	Extra Claims below Fee		142	1,240	242	620	Utility issue fee (or reissue)	
Total Claims Independent	17 -20** = 0 x 0 =	0	143	440	243	220	Design issue fee	
Claims		00	144	600	244	300	Plant issue fee	
Multiple Deper	ndent	0	122	130	122	130	Petitions to the Commissioner	
			123	50	123	50	Processing fee under 37 CFR 1.17(q)	
Fee Fee	y Small Entity Fee Fee Fee Description		126	180	126	180	Submission of Information Disclosure Stmt	
Code (\$) 103 18	Code (\$) 203 9 Claims in excess of 20		581	40	581	40	Recording each patent assignment per property (times number of properties)	
102 80	202 40 Independent claims in excess of 3		146	710	246	355	Filing a submission after final rejection	
104 270	204 135 Multiple dependent claim, if not pa	id					(37 ČFR § 1.129(a))	
109 80	209 40 ** Reissue independent claims over original patent		149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
110 18	210 9 ** Reissue claims in excess of 20		179	710	279	355	Request for Continued Examination (RCE)	
	and over original patent	_	169	900	169	900	Request for expedited examination of a design application	
	SUBTOTAL (2) (\$) 400.	00	Other	r fee (s	pecify)	<u></u>	
**or number	previously paid, if greater; For Reissues, see abo	/e	*Red	uced by	y Basi	ic Filing	Fee Paid SUBTOTAL (3)	0

Signature W. 11	SUBMITTED BY	TED BY	Complete (if applicable)					
Signature 1// / / / / / / / / / / / / / / / / /	Name (Print/Type)	intType) DØNALD H. ZARLE	Y		18,543	Telephone	515-288-366	7
	Signature	X may A	3	`		Date	4201	

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